



Please return completed form to:

**Commission for the Disabled, City of Chicopee Massachusetts**  
**36 Center Street, Chicopee, MA 01013**  
**(413) 594-1575**



## APPLICATION FOR HANDICAPPED PARKING ONLY SIGN

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M/I: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: HOME: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ WORK: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Please circle your answer or enter the appropriate response.**

DO YOU PRESENTLY HAVE A HANDICAPPED PLATE/PLACARD FOR YOUR CAR? YES NO

IF YES, PLATE/PLACARD NUMBER \_\_\_\_\_

DO YOU OWN A CAR? YES NO

DO YOU HAVE A DRIVEWAY? YES NO

DO YOU OWN OR RENT THE PROPERTY? OWN RENT

DISTANCE FROM THE DRIVEWAY TO YOUR HOUSE \_\_\_\_\_

IS PARKING PRESENTLY RESTRICTED ON YOUR STREET? YES NO

IF YES, WHAT ARE THE POSTED REGULATIONS? \_\_\_\_\_

REASON FOR YOUR REQUEST: (PLEASE BE SPECIFIC) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE NOTE:**

1. You MUST notify the Commission for the Disabled if the applicant is no longer handicapped or changes his/her address, so the sign can be removed.

2. A designated handicapped parking only space is not to be considered the personal parking space for any one individual.

<b>For OFFICIAL use only</b>	<b>APPROVALS</b>		
Ordinance # Assigned _____ Date Assigned _____	Commission for the Disabled _____ _____ Date	Aldermanic Approval _____ _____ Date	Ordinance Committee _____ _____ Date

CC: Department of Public Works (upon approval)